

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596,184

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4		2					54						
5	1						55						
6	1						56						
7		2					57						
8		1					58						
9		1					59						
10	1						60						
11	1						61						
12	1						62						
13		1					63						
14		1					64						
15	1						65						
16	1						66						
17		1					67						
18		2					68						
19		2					69						
20	1						70						
21	1						71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28	1						78						
29	1						79						
30		1					80						
31		1					81						
32	1						82						
33	1						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	26						TOTAL CLAIMS						